Alternative Sleep Position Waiver

Health Care Professional Recommendation

(Physician, Nurse Practitioner, Physician's Assistant $^{10A\ NCAC\ 09\ .0102(14)}$)

Child's Name:				•
Parent/Guardian's Name:				
Address:		City:		Zip:
Home Phone:	Wo	ork Phone:		
Fax:	Email:			
To be completed by the child	's primary health care	professional.		
Name of Health Care Profession	onal:			
Name of Practice:				
Address:		City:		Zip:
Phone:	Pager:		Fax:	
Emoile				
The N.C. Child Care Law red advice of the infant's primary sleep position for the infant for the infant has the control of the infant named above has the	y health care profession or medical reasons. e following medical con	nal, the facility may be	e authorized to	e sleep position:
The N.C. Child Care Law red advice of the infant's primary sleep position for the infant for the infant has the control of the infant named above has the	y health care profession or medical reasons. e following medical con	nal, the facility may be	e authorized to	use an alternative e sleep position:
The N.C. Child Care Law red advice of the infant's primary sleep position for the infant for the infant named above has the	y health care profession or medical reasons. e following medical confor the infant named about	nal, the facility may be dition, which necessitate ove is:	e authorized to	use an alternative e sleep position:
The N.C. Child Care Law red advice of the infant's primary sleep position for the infant for the infant named above has the The appropriate sleep position	y health care profession or medical reasons. e following medical con for the infant named about the infant named	nal, the facility may be dition, which necessitate ove is:	e authorized to	use an alternative e sleep position:
The N.C. Child Care Law red advice of the infant's primary sleep position for the infant for the infant named above has the The infant named above has the The appropriate sleep position Effective Dates of Waiver: Health Care Professional's Single as the parent or guardian of ted below, its officers, directorial due to Sudden Infant Deat neering SIDS. I further authoristion, at the recommendation	y health care profession or medical reasons. e following medical conform the infant named about the above mentioned cars, and employees, from the Syndrome (SIDS). It is notize the child care factor of my child's primary	nal, the facility may be dition, which necessitate ove is: to/ child, do hereby release any and all liability affirm and acknowled cility and its employee whealth care profession	Date e and hold harn whatsoever assolge that I been ps to place my chanal, as describe	nless the child care fociated with harm to provided with informalid in an alternative d above."
The N.C. Child Care Law red advice of the infant's primary sleep position for the infant for the infant named above has the The infant named above has the The appropriate sleep position. Effective Dates of Waiver: Health Care Professional's Single as the parent or guardian of ted below, its officers, directorild due to Sudden Infant Deat nocerning SIDS. I further authorized to the infant of the parent of	y health care profession or medical reasons. e following medical conform the infant named about the above mentioned cars, and employees, from the Syndrome (SIDS). It is notize the child care factor of my child's primary	nal, the facility may be dition, which necessitate ove is: to/ child, do hereby release any and all liability affirm and acknowled cility and its employee whealth care profession	Date e and hold harn whatsoever assolge that I been ps to place my chanal, as describe	nless the child care fociated with harm to provided with informalid in an alternative d above."
The N.C. Child Care Law red advice of the infant's primary sleep position for the infant for the infant named above has the The infant named above has the The appropriate sleep position Effective Dates of Waiver: Health Care Professional's Single as the parent or guardian of ted below, its officers, directorial due to Sudden Infant Deat neering SIDS. I further authoristion, at the recommendation	y health care profession or medical reasons. e following medical conformation of the infant named about the above mentioned cars, and employees, from the Syndrome (SIDS). It is notize the child care fact of my child's primary	child, do hereby release nany and all liability affirm and acknowled cility and its employee y health care profession	Date e and hold harn whatsoever assolge that I been p s to place my ch nal, as describe	nless the child care fociated with harm to provided with informalid in an alternative d above."
The N.C. Child Care Law red advice of the infant's primary sleep position for the infant for the infant for the infant named above has the The infant named above has the The appropriate sleep position. Effective Dates of Waiver: Health Care Professional's Signature at the sition, at the recommendation of the care of	y health care profession or medical reasons. e following medical conform the infant named about from/ ignature the above mentioned cars, and employees, from the Syndrome (SIDS). It corize the child care facility must be child care facility mu	child, do hereby release nany and all liability affirm and acknowled with the care professions to complete the following st complete st comp	Date e and hold harm whatsoever assolge that I been place to place my chanal, as describe Date:	nless the child care fociated with harm to provided with informative d above."

NC DCDEE July 2012